

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

2017 OCT 20 AM 11:58 Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Vote Martin Del Rio

ADDRESS (number and street)

P.O. BOX 9163

(Check if address is changed)

HIGHLAND

CITY ▲

IN

STATE ▲

46322

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

VOTEDELRIO@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

10 / 17 / 2017

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MARTIN DEL RIO

Signature of Treasurer

Date

10 / 17 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

201710200200364922

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate MARTIN DEL RIO

Candidate Party Affiliation DEM Office Sought: House, Senate, President State IN District 00

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) This committee is a [] (National, State or subordinate) committee of the [] (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/b Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	[]	FEC ID number	C []
2.	[]	FEC ID number	C []
3.	[]	FEC ID number	C []
4.	[]	FEC ID number	C []

201710200200364923

Write or Type Committee Name

VOTE MARTIN DEL RIO

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name TREASURER

Mailing Address [Empty grid lines]

Title or Position CITY STATE ZIP CODE

Telephone number [Empty grid lines]

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer MARTIN DEL RIO

Mailing Address P.O. BOX 9163
HIGHLAND IN 46322
CITY STATE ZIP CODE

Title or Position TREASURER Telephone number 219 - 256 - 0256

201710200200364924

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

PEOPLES BANK [Grid]

Mailing Address

3927 RIDGE RD [Grid]

[Grid for Mailing Address Line 2]

HIGHLAND [Grid]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

201710200200364925

United States Senate
Post Office

Post Office

PRESS FIRMLY TO SEAL



OPENED FOR INSPECTION

PRESS FIRMLY

1007 20510

United States Senate
Post Office



OPENED FOR INSPECTION

OCT 17 17
\$23.75
R2304H109288-01

PRESS FIRMLY TO SEAL

PRIORITY MAIL TM EXPRESS TM

TEST SERVICE IN THE U.S.

18

INTERNATIONALLY,
FORMS DECLARATION
MAY BE REQUIRED.



TE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE: () - () - ()

PAYMENT BY ACCOUNT (if applicable)

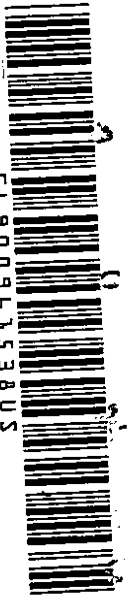
DELIVERY OPTIONS (Customer Use Only)

- SIGNATURE REQUIRED: Note: The meter must check the "Signature Required" box if the meter: (1) Requires the addressee's signature; OR (2) Purchases additional insurance; OR (3) Purchases COD service; OR (4) Purchases Return Receipt service; If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery (additional fee, where available)
- 10:30 AM Delivery Required (additional fee, where available)

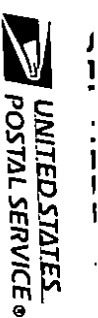
TO: (PLEASE PRINT)

PHONE: () - () - ()

ZIP + 4® (U.S. ADDRESSES ONLY)



INTERNATIONAL USE



PRIORITY MAIL TM EXPRESS TM

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military OPO

Scheduled Delivery Date (MM/DD/YY) (MM/DD/YY) Postage

Date Accepted (MM/DD/YY) Scheduled Delivery Time (MM/DD/YY)

10:30 AM 12 NOON 3:00 PM

Time Accepted AM PM

10:30 AM Delivery Fee \$

Special Handling/Package \$

Screened by 13

Weight Flat Rate Acceptance Employee Initials

OCT 18 2017

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Address (MM/DD/YY) Time 9:28 AM

Delivery Address (MM/DD/YY) Time 9:28 AM

Employee Signature

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL 10/17/17
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

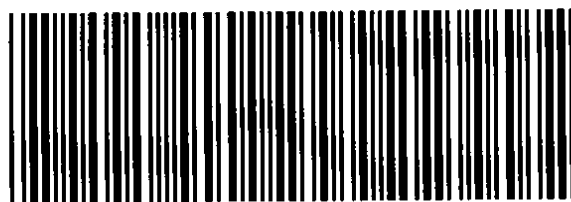
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

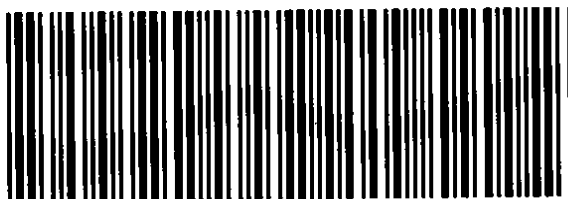
OTHER _____
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 10/20/17

201710200200364927



SEN PATCH



SEN PATCH

201710200200364928